CHAPTER 4: ADDRESSING RACISM THROUGH EVALUATIONS

"SANKOFA"

The West African concept of "sankofa" is derived from King Adinkera of the Akan people. "Sankofa" loosely translates into English to mean "it is not taboo to go back and fetch what you forgot". "Sankofa" teaches that we must go back to our roots in order to move forward. Also, the philosophy teaches that whatever has been lost, forgotten, forgone, or stripped away can be reclaimed, revived, preserved and perpetuated.

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'Study the past if you would devine the future."
--Confucius

The legacy of racism and the devaluation of persons-of-color over the course of existence of the United States have resulted today in chronic disparities between persons-of-color and their white counterparts in relation to wealth accumulation, educational achievements, and health status. If the national initiative to eliminate racial and ethnic health disparities is to succeed, then factors that contribute to the development and/or sustaining of such inequalities must also be clearly identified and eliminated. Otherwise, the gains that are made during this extraordinary national effort will not be sustainable.

The socially constructed nature of race and racism contributes to racial and ethnic disparities in health (Jones, 2001). Racism creates a negative environment that impacts the developmental, life-long, and intergenerational health of people-of-color. It violates fundamental human rights and diminishes the quality of life for individuals, families, and entire communities. Racism is sustained and accepted simply as "the way it is" -- especially by those who are not its victims.

According to Jones, the three forms of racism are:

- *Institutionalized racism:* Systematic barriers that block fair access of persons-of-color to goods, services and opportunities that society has to offer.

- *Personally-mediated Racism:* The acceptance of advantages for whites (a.k.a. "white privilege") and disadvantages for persons-of-color by those who consider non-whites to be less capable, less motivated, and less deserving.
- *Internalized Racism:* The acceptance by persons-of-color of the negative messages about themselves and other persons-of-color regarding their own abilities and intrinsic worth within the community.

RACISM DEFINED*

An ideological structure and historic stratification process by which the population of European descent, through its individual and institutional distress patterns, intentionally has been able to sustain, to its own best advantage, the dynamic mechanics of upward or downward mobility to the general disadvantage of the population designated as non-white, using skin color, gender, class, ethnicity or nonwestern nationality as the main indexical criteria used for enforcing differential resource allocation decisions that contribute to decisive changes in relative racial standing in ways most favoring the populations designated as "white".

Source: Dr. Helan Enoch Page, Center for the Study of White American Culture: *A Multiracial Organization* (http://www.euroamerican.org/library/Racismdf.asp).

Empowering Communities To Address Racism Through Eliminating Racial Inequities

Racism in its various forms has resulted in historical differences in acquired wealth, education, and power in the United States, with whites having advantages over persons-of-color in each area. These relative advantages are termed racial inequities. While racism is difficult to measure directly, racial inequities can be identified, measured, and tracked for changes over time.

Participatory program evaluation processes empower communities-of-color to be better prepared to address racism through focusing on the elimination of racial inequities within their communities. "Racial equity indicators" (see Chapter 5) should be included in CBPH program evaluations so communities can identify "racial inequities", measure them, and monitor them as tangible evidence of the successes of efforts targeting their elimination. This is particularly important because it allows communities to keep racial inequities on their local agendas until they have been eliminated.

To identify racial inequities, evaluations need to include questions that can help the program capture perceptions of racism and racial inequities within the community. Evaluations of the potential impacts of racism might include such questions as:

- What role does racism play in the health and well being of your community?

- What role does racism play in the provision and use of disease prevention and/or healthcare services in your community?
- When you seek health care, are you treated fairly and with respect?
- Do people in your community hesitate to use disease prevention and/or healthcare services because of race-related issues?

If your community partners identify racism or racial inequities as a factor that contributes to health disparities in your community, then those perceptions need to be respected and explored during the evaluation process. Those perceptions should also be addressed in the final evaluation report, along with a discussion of relevant evaluation findings and trends over time in the racial equity indicators that have been selected to target and monitor by the program. Those who read the evaluation report should be able to appreciate not only the community's perceptions and expressed concerns regarding racism, but they should also be presented with the program's plan for addressing this issue and for measuring the success of such efforts. They should be presented sufficient information so they can consider how they might also contribute to the elimination of racism and racial inequities that are impacting their community.

In communities where racism may be playing a role in racial and ethnic disparities in health, programs attempting to eliminate the disparities need methods for measuring and monitoring racism and its adverse impacts. If done with credibility, this will help the community:

- To understand the context within which the program operates;
- To identify and characterize those structures, policies, and practices through which racism exerts its adverse impacts; and,
- To establish racism indicators and baselines for use in assessing program success.

The challenge is how to credibly measure racism. But, if community partners raise racism as a factor they feel is contributing to health disparities within your community, then it needs to be addressed in the evaluation process. Trends in racism indicators need to be monitored over time and analyzed for correlations between these trend patterns and the timing of interventions designed to reduce or eliminate racism and its impacts.

Steps To Creating Measures Of Racism

You can develop your own indicators of racism. The challenge is to come up with indicators and modes of measurement that are credible and reproducible. A good place to start is mapping out the social-political landscape of the community, locating where racism exists, and then considering how it might be "measured", both qualitatively (stories, etc.) and quantitatively (number counts). The following steps can help in this process.

Step #1. Convene a diverse group of community residents and leaders to consider the following questions:

- What role does racism play in the use of health promotion, disease prevention, and healthcare services within the community?
- Are you treated fairly and with respect whenever you attempt to use any health promotion, disease prevention, and/or healthcare services?

- Do people hesitate to use such services because of race-related issues? If so, what are those issues?

Step #2. Search for evidence of "racial" disparities within the community:

- Review local "public access" databases to determine whether health or other important outcomes within the community vary by "race". Don't limit yourself to reviewing only health-related databases. For example, education indicators might include one or more of the following: school admission rates; absenteeism rates; drop-out rates; and/or, graduation rates. Work force statistics might include one or more of the following: the percentage of public employees in various categories (by gender; by race/ethnicity) when compared to the proportions within the community -- remember to consider not only the proportionate composition of the workforce, but also the proportions within each level of employment (i.e. entry-level, mid-level, senior-level, and managerial-level). You may want to compare insurance rates by geographical area; or, crime, law enforcement, and/or prison statistics by race. You might even consider the proportions of public sector contracts that have been awarded to "minority" businesses; or, public transportation routes, their schedules, their fares, and profiles of those who use public transportation. These are but a few examples of indicators that may be useful as "racial equity indicators" for your community. The actual list of options will result from your data search.

Step #3. Calculate Relative Rate Ratios for each Racial Equity Indicator (see Table 1*):*

- Because racism is hard to measure credibly, it is simpler to measure the potential impacts of racism. When there is public access data available regarding an occurrence that the community feels may be influenced by racism, rates of occurrence by race/ethnicity need to be calculated for use as "racial equity indicators". Once you have race/ethnicity-specific rates of occurrence, then a simple mathematical ratio can be developed by dividing the rate of occurrence for the target population/group of interest (i.e. African Americans) by the rate of occurrence for whites. This results in a single number that is called the "relative rate ratio".
- If the relative ratio is 1.0 or less, then no racial inequity was found relative to the occurrence of this outcome-of-interest in the target population/group.
- If the relative ratio is significantly greater than 1.0, then a racial inequity has been documented, and the scale of the inequity is determined by the size of the relative rate ratio. For example, a relative ratio of 3.0 indicates that the outcome-of-interest occurs among the target population/group (i.e. non-whites) at a rate three times that of its occurrence among the white population/group.

Step #4. Based upon relative rate ratios that are indicative of potential influence of racism, explore to determine possible mechanisms for sustaining racism's influence by:

- Asking and attempting to examine the question: "How might racism be operating here?"
- Examining written policies; and

- Characterizing (through surveys and focus group discussions with key informants) any unwritten norms and practices that might enable racism's impacts.

Also, take into consideration structures, policies, practices, and norms:

Structures:

- What are the boundaries of local voting districts; and, how were they established?
- Are health promotion activities, disease prevention activities, and health care clinics located where community needs are the greatest?
- Do public bus lines run routes through communities where, and at times when, transportation needs are greatest? And, are bus signs in languages appropriate for the community's needs?
- Where are the Medicaid HMOs located? Are they user friendly and culturally competent?

Policies:

- What are the membership criteria for key public decision-making bodies?
- What are the criteria for local hospital admitting privileges?
- What are the local zoning policies and do they adversely impact selected communities?
- Is there a racial/ethnic difference in emphasis on prevention versus treatment?
- Are public service providers culturally competent? Are they multilingual?

Practices:

- Are public employer hiring practices fair? Does equity exist in job promotions?
- Are disease prevention activities targeting highest need communities?
- Are disease screening/early diagnosis programs targeting highest need communities?
- Does the composition of the HIV Prevention Community Planning Group reflect the profile of most HIV/AIDS impacted populations?
- Are health promotion activities, disease prevention intervention, and health care services "community friendly" (times, locations, staffing) and culturally sensitive to the community?

Norms:

- Do operational practices evidence respect for community residents?
- Do services for similar conditions vary depending upon the race of the client?
- Are communications client friendly? Friendly, clear and easily understood, culturally competent?

Step #5. Monitor relative rate ratios of racial equity indicators for changes over time:

- Recalculate relative rate ratios periodically over time to determine if intervention efforts are having desired impacts on racial inequities, including health disparities.
- Broaden consideration of adverse impacts of racism to include various areas of impact, not only health.

Racial Equity Indicators

While some may argue that the size of a relative rate ratio may have little to do with documenting that "racism" exists within a given community, credibility is derived from the consistency in being able to document racial inequities over time using a broad set of indicators. Open and candid discussions of racial inequities and racism and its adverse impacts can increase community support for corrective actions. Identification and monitoring of a broad set of racial equity indicators while health disparity elimination interventions are implemented enables outcome monitoring for evidence of program success.

Table 1. Examples of racial equity indicators and how they are calculated.

RACIAL EQUITY INDICATORS	DATA SOURCES	CALCULATION
Income by Level of Education Attainment by Race/Ethnicity • < High School • GED or HS Equivalent • High School Diploma • 2-Year College Diploma • Bachelor Degree • Masters Degree • Doctorate Degree	US Census http://www.census.gov State & County Quick Facts http://quickfacts.census.gov/qfd/states/45000.html	White Male Income Non-White Male Income Range: <1.0 to >2.0 The larger the number is over 1.0, the greater the inequity or disparity.
Employment within State/ Local Government Agencies: • % of Pop. non-White • % of Pop. White • % of State employees non-White • % of State employees White	State Office of Personnel, Human Resources Commission, or Equal Employment Opportunities Office	% of state/local population that is non-white % of state/local gov't employees that are non-white Range: <1.0 to >2.0 The larger the number is over 1.0, the greater the inequity or disparity.
Infant Mortality Rates (IMR) within State: • African American • Hispanic • Am Indian/Alaska Native • Asian/Pacific Islander • White	State Health Department, Vital Statistics Unit or Epidemiology Bureau	RR = Non-White IMR / White IMR Rel Risk Range: <1.0 to >2.0 The larger the number is over 1.0, the greater the inequity or disparity.
HIV Incidence Rates within State: • African American • Hispanic • Am Indian/Alaska Native • Asian/Pacific Islander • White	State Health Department, Vital Statistics Unit or Epidemiology Bureau	RR = Non-White HIV Incidence / White HIV Incidence *Relative Risk Range: <1.0 to >2.0 The larger the number is over 1.0, the greater the inequity or disparity.